

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	Establishi	nent Name	e		_	· · · · · · · · · · · · · · · · · · ·		(Polaskan Nr. 1	T				
İ			<u>Oar</u>	sy's Cou	atry .	Cookin	11	Telephone Number	Date of (mm/de	Inspection l/yr)	ID#		
	Establishin	nent Addr W.	ess (ni	imber and street, ci	ty, state, z	dip code)	N 47150	(8/2) 945-129	9 1-2	8-19	-71		
		Vin	, <i>P</i>	adge#/	Padg	e# In	C	Purpose: 1. Routine	Follow		ise Date		
ļ	LIVE TO ST NEW MORNY, IN 41150							2. Follow-up 3. Complaint	Summa	NO 10 days Summary of Violations:			
Person in Charge Luis Flores							4. Pre-Operational	c_C	C NC R				
l	Responsible Person's E-mail							5. Temporary 6. HACCP	Menu T	ype <i>(See back</i>	t of page)		
 	Certified F	ood Handl	ler	Flores	7-1	7. Other (list)	1	23 <u>_</u> V	4_5_	•			
ľ	• CRITICAL						TIVE COLUMNS M	TARKED "C"				_	
L	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Souther # 1 CONC. D.												
L	Section#	C/NC	R		-		Narrative				orrected By	\dashv	
					repe	at v	rolatio	us —					
_	eceived by (a	signature):	7	nted):				nspected by (name and title properties of the pr	printed);	EHS			
c	Lui	3 1	W -	-	cc	:		Showing	CC:				
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